ΔΟ	Reduction Act of 1995, no per NT APPLICATION F Substitute	for form PTO-8	INATION 75 Ellectiv	RECOR e Decembe	D 81 8. 2004	App	splays a valid O scaling or Dock	MB con
	PLICATION AS FILED (Column 1)	-PARTI				-	-	-
. 500		· (Column	2)	SMAL	L ENTITY	ÓR	ОТН	ERT
FOR BASIC FEE	HUMBER FILED	NUMBER EX				OH -	SMA	LL ENT
(37 CFR 1 16(4) (b) ~ (41)	. NA		IRA .	RATE (1)	FEE (I)	i	1	
SEARCHEEL		N/A .	[NA	150.00	7	RATE (1)	
EXAMINATION FEE	N/A	N/A		· N/A		4	N/A	30
137 CFR 1 16(a), (a), or fall:	NA.	1	-	- IVA	\$250	1	NIA	_
TOTAL CLAIMS D7.GFR 1 16(1)		N/A	11	NVA	\$100	7	ļ	\$5
INDEPENDENT CLASS	minus 20 •	•		C\$ 25 .	-	4	· NA	\$20
(37 CFR I 16(N))	minus 3 =					OR	X\$50	
1001047	If the specification	en sada a		K100 .		1 I	X200	-
APPLICATION SIZE	sheets of paper, the apples \$250 (\$125 for small a	lication size for	100		 	1 . 1	A200.	ľ
07 CFR 1 16(6))	is \$250 (\$125 for small e	ntity) for each	lue		`	1 1	•	
	35 U.S.C. 41(a)(1)(6)	action thereof. S	ee			·		i
ULTIPLE DEPENDENT C	AIM PRESENT (37 CFR 16	37 CFR 1.16(s)			,	- 1	ļ	٠,
(the same	THE THESEN BY OFR 1 16	(ii)	- •	180=		. -	-	
the difference in column t	is less than zero, enter "O" in	colum- a	————			L	+360=	
APPLICATI		column 2.	,	TOTAL	. 1			
· " / BCATI	ON AS AMENDED - P.	ART II			·		TOTAL	
Colu		·		•			*	
CIA	(1) 10		3):	04444				
11/11/06 REMA	ILINA PUGHE	ST		SMALL EN	TITY	OR	OTHER	HAN
IIII AF	TR NUMB		T RAT	TE (\$)			SMALL EN	ALLIN
Total -	- PAID F	USLY EXTRA	11 ***		ADDI- TIONAL		RATE(S)	· ADOI
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professions	Minus ···	14] X\$ 2	5		l va		FEEG
Total profession hospendent profession Size Fee (37)	<i>D</i> 1 1 //	1. /	X10			R A	50 = 7	50.0
5000	FR 1.16(8))		1			R X2	~~	00.
PIRST PRESENTATION OF M	ULTIPLE DEPENDENT CLAIM (77 CSD 4 44 -	┨ ├──)
1 paid 4200.		37 CFR 1.16(0)	+180)=	OF	. 13	60=	/_
, , , , , , , , , , , , , , , , , , , ,			TOTAL		·	L		
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CLAIM: REMAINII	I HIGHEST			•		_		
I . AFTER	" NUMBER	PRESENT				-		
Tolal	NT PREVIOUS	Y I FYTDA I	RATE		XOI- NAL	RAT	E (\$)	
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oplication Size Fee (37 CFF	1.16(5))		100	•	OR .	X200		
IST PRESENTATION OF MULI	IPLE DEPENDENT CLAIM (ST.C		 			·		
	Car Codm (ar C	FR 1.16@)	+180=	- 1		4360		
	. •	•	TOTAL	-	OR	+360	=	l
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16 color la - 4	lhan the source					ADD'L FE	ce I	
e entry in column 1 is less: Highest Number Previou	than the entry in column 2, with Paid For IN THE SALE	te of in column 3.		L			46	j
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e entry in column 1 is less of Highest Number Previous of Highest Number Previoust Highest Number Previoust	than the entry in column 2, wifely Paid For IN THIS SPACE by Paid For IN THIS SPACE of Paid For (Total or Independed by 37 CFR 1.16. The information of the informati	is less than 3, enter	or "20".			. •	<u> </u>	\dashv

the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DEPARTMENT OF THE PROPERTY OF THE PROPER